STATE OF MARYLAND—CERTIFICATE OF DEATH

07287

1. PLACE OF DEATH

County Washington Registration Dist. No. 7

Village or City Smithsburg md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Alice V. Barkdoll If U. S. Veteran, specify WAR

(a) Residence: No. no No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) 1-18-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Librarian

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. — —

10. Date deceased last worked at this occupation (month and year) 1939 - 7 mo 13 dy

11. Total time (years) spent in this occupation 16 yr

12. BIRTHPLACE (city or town) Near Smithsburg (State or country) Washington Co Md

FATHER

13. NAME Jacob Barkdoll

14. BIRTHPLACE (city or town) Near Smithsburg (State or country) Washington Co Md

MOTHER

15. MAIDEN NAME Barbara Newcomer

16. BIRTHPLACE (city or town) Near Leitersburg (State or country) Washington Co Md

17. INFORMANT Mrs Lottie Spessard (Address) Smithsburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Smithsburg Cemetery Date July 14, 1939

19. UNDERTAKER Geo. B. Horner (Address) Smithsburg Md

20. FILED July 12, 1939 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 12, 1939; I last saw her alive on July 12, 1939; death is said to have occurred on the date stated above, 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 12
Other Contributory Causes of Importance: Generalized arteriosclerosis	1934

Name of operation — Date of —

Whet test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) G. G. H. Ohler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 7 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07288

(159)

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wash.

City or town: Big Pool.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Green Spring.

Stay in hospital or inst. (yrs., or mos., or days): No

Stay in this community (yrs., or mos., or days): 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wash.

City or town: Big Pool. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Green Spring.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Infant Barnhart.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	S.

8 (b) Name of husband or wife: Infant.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 4, 1939.

8. AGE: Years | Months | Days | If less than one day: 13 hrs. ____ min.

9. Birthplace: Big Pool.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER — 12. Name: Clinton Barnhart

FATHER — 13. Birthplace: Big Pool, Wash. Co. Md.

MOTHER — 14. Maiden name: Bertie Simmons

MOTHER — 15. Birthplace: Wash. Co. Md.

18. Informant: Clinton Barnhart,

Address: Big Pool Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 6 1939 (month) (day) (year)

Cemetery or crematory: Blairs Valley.

Location: Roadleading from Clear Spring to Hancock

18. Funeral director: Snyder Rowland

Address: Clear Spring, Md.

19. July 6 1939 (Date rec'd by registrar) J. W. Murray, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4, 1939, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4, 1939, to July 4, 1939, and that I last saw h[illegible] alive on July 4, 1939.

Immediate cause of death	DURATION
Prematurity birth 6 1/2 months gestation	
Due to Unknown	
Due to	
Other conditions None known	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: David P. Brewer M.D.
M. D. or other

Address: Clear Spring Md. Date signed: 7/5/39.

RECEIVED
AUG 7 1939
BUREAU V. S.

07289

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (92a)

County Washington Registration Dist. No. 302

Village or City Hagerstown Md No. 1509 Virginia avenue St., — Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bender Anna Marion If U. S. Veteran, specify WAR ✓

(a) Residence: No. 1509 Va. av. Hagerstown Md St., ____ Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Allison Bender

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ×

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Fort Loudon
(State or country) Pa.

FATHER

13. NAME George Burkholder

14. BIRTHPLACE (city or town) ____
(State or country) Pa.

MOTHER

15. MAIDEN NAME Rebecca Weiser

16. BIRTHPLACE (city or town) ____
(State or country) Pa.

17. INFORMANT Mrs. Alfred S. Grossman
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cahmbersburg, Pa. Date July 11, 1939
Norland Cemetery

19. UNDERTAKER Fred W. Kraiss
(Address) Hagerstown, Md.

20. FILED 7-9-, 1939 Chas. H. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to July 8, 1939

I last saw her alive on July 8, 1939; death is said to have occurred on the date stated above, at 9P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-Sclerosis	5
Chronic Endocarditis	5

Other Contributary Causes of importance: None except Cerebral Thrombosis

Name of operation ✓ Date of ____

What test confirmed diagnosis? ✓ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ____, 19__

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Victor D. Miller DR. VICTOR D. MILLER, 131 W. WASHINGTON ST., M. D.

(Address) HAGERSTOWN, MD.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED AUG 7 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

~~City or town~~ near Chewsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 21 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

~~City or town~~ near Chewsville Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~ Rural Cavetown Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Theodore Blickenstaff

3. (b) Social Security Number: 214-09-1796

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Naomi C. Blickenstaff

6(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.): July 24-1907

8. AGE: Years 31 Months 11 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace: Pondsville Wash. Co. Md (Town, county, and state)

10. Usual occupation: Cabinet Maker

11. Industry or business: Brandt Cabinet Works

FATHER

12. Name: Charles F. Blickenstaff

13. Birthplace: near Wolfsville, Md.

MOTHER

14. Maiden name: Lizzie E. Palmer

15. Birthplace: near Wolfsville Md

16. Informant: Naomi C. Blickenstaff

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9-1939 (month) (day) (year)

Cemetery or ~~crematory~~: Rest Haven

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 7-7-1939 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6th, 1939, at 12:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31st 1939, to July 6th, 1939, and that I last saw him alive on July 6th, 1939.

Immediate cause of death: Bacterial endocarditis — DURATION: 1-1-39

Due to

Due to

Other conditions: Rheumatic Heart Disease — 1920

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown, Md. Date signed 7/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

Dr. Earl Young

07291

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Washington — Registration Dist. No. 305

Village or City Sam Mar — No. Fahrney Memorial Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara H. Boyer — If U. S. Veteran, specify WAR

(a) Residence: No. Kempton, Md. St., Ward. (Usual place of abode) Fred. Co. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Boyer

6. DATE OF BIRTH (month, day, and year): May 14, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1925 — 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Monrovia, Md.

FATHER

13. NAME: Alfred Molesworth

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

MOTHER

15. MAIDEN NAME: Sarah Walker

16. BIRTHPLACE (city or town) (State or country): Monrovia, Md.

17. INFORMANT (Address): Mrs. Meier Browning. Monrovia, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place: Pleasant Hill Date: July 19, 1939

19. UNDERTAKER (Address): J. B. Beall Inc. Damascus Md.

20. FILED: July 17, 1939 — William D. Bast, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939, to July 17, 1939

I last saw her alive on July 16, 1939; death is said to have occurred on the date stated above, at 3 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	1930
Other **Contributory Causes** of importance:	
Chronic arteriosclerosis with hypertension	1930

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify:

(Signed) J. W. Tellam M. D.

(Address) Boonsboro.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

07292

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day.
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 103 W. Franklin
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma A. Brandenburg

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Homer G. Brandenburg 6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1884

8. AGE:

Years	Months	Days	If less than one day
55	6	17	hrs. min.

9. Birthplace Frederick, Frederick Co., Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John W. Selby
13. Birthplace Frederick, Md

MOTHER
14. Maiden name Elizabeth Bender
15. Birthplace Frederick, Md

16. Informant H. G. Brandenburg.
Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof aug 1 - 1939 (month) (day) (year)
Cemetery or crematory Rest Haven
Location Hagerstown, Md.
18. Funeral director S. M. Suter & Sons
Address Hagerstown, Md.
19. 8-1-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 30. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1939 to July 30 1939 and that I last saw him alive on July 30 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	36 hours
Due to arteriosclerosis	
Due to Diabetes Mellitus	6 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

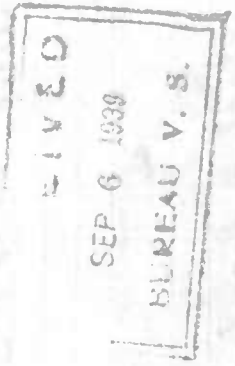
Major findings:
Of operations
Of autopsy Cerebral Hemorrhage.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lloyd A. Hoffman M.D. (M. D. or other)
Address 214 N. Potomac St Date signed 7-31-39

Dr. L. A. Hoffman



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07293

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 days
Stay in this community (yrs., or mos., or days) not known

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Dist. Col. County Washington
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1204 1/2 St N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas C. Burrell

3. (b) Social Security Number 220-03-0469

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col	married

6 (b) Name of husband or wife Cornelia C. Burrell
6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 45 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Gloucester Va (Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business

FATHER 12. Name John W. Burrell
13. Birthplace Va

MOTHER 14. Maiden name Elizabeth Lemon
15. Birthplace Va

16. Informant Cornelia C. Burrell
Address 1204 1/2 St N.W. Washington DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21 1939 (month) (day) (year)
Cemetery or crematory Gloucester Va
Location

18. Funeral director L. E. Murray
Address Washington DC 512 4th St N.W.

19. 7-19-1939 (Date rec'd by registrar) Chas H Beever Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on July 18 1939

Immediate cause of death: Fat embolism 2 brains — DURATION 7-13-39

Due to Open fracture lower end of left tibia & fibula — 7-12-39

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7-12-39
Where did injury occur? Hancock (Town) (+10) Washington (County) Md. (State)
Injured at home, farm, industry, public place (where?) 12 miles West of Hancock
Means of injury Truck upset injured at work? Yes

23. SIGNATURE L. Robert Wells M. D. or other
Address Hagerstown, Md. Date signed 7/19/39

med. ex. Washington Co.

RECEIVED
AUG 7 1939
BUREAU V. S.

07294

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md RFD
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sharpsburg Pike

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 week.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Rorbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sharpsburg Pike
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rev. Jacob Oliver Buterbaugh.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Anna.

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) July 18 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	—	7.	hrs. min.

9. Birthplace Mercersburg Franklin Pa.
(Town, county and state)

10. Usual occupation Farmer

11. Industry or business Retired. 10 yrs.

FATHER
12. Name John Buterbaugh.
13. Birthplace Mercersburg Pa.

MOTHER
14. Maiden name Mary Benedict
15. Birthplace Mercersburg Pa.

16. Informant Paul R. Buterbaugh
Address Hagerstown. Md RF4.

17. Burial. Date thereof July 27 - 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dunkard Cemetery

Location Beaver Creek Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md

19. 7-25- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 6 30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to July 25 1939 and that I last saw him alive on July 23 1939.

Immediate cause of death Cardiac decompensation

Due to Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B Prather M. D. ~~or other~~

Address Hagerstown Date signed July 23 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W. Prather

RECEIVED
AUG 7 1939
BUREAU V. S.

07295

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82-a)

County Washington Registration Dist. No. 307

Village or City near Sandy Hook ~~No.~~ Keep Tryst ~~St.~~, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 87 yrs. 6 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elgin Clark If U. S. Veteran, specify WAR

(a) Residence: No. Keep Tryst St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Mason Clark

6. DATE OF BIRTH (month, day, and year) Jan 25-1852

7. AGE: 1852 Years 87 Months 6 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington Co. Maryland

FATHER

13. NAME James H. Elgin

14. BIRTHPLACE (city or town) (State or country) Alder Virginia

MOTHER

15. MAIDEN NAME Julia A. Miller

16. BIRTHPLACE (city or town) (State or country) Washington Co. Maryland

17. INFORMANT (Address) Jessie Mason Clark Keep Tryst Knoxville Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Marks Petersville Date July 29, 1939

19. UNDERTAKER (Address) Jessie S. Harley Brunswick Md

20. FILED July 29th, 1939 Cornelius H. Castle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1938, to July 26, 1939

I last saw her alive on July 26, 1939; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General debility from Senility & Paralysis following Cerebral hemorrhage on the 19th of Aug 1938

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. C. Johnson M. D.

(Address) Harpers Ferry W Va

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
AUG 4 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53-6)

07296

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days): 7 mo. 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pennsylvania (Md.) County: Fulton (Washington)

City or town: McConnelsburg (Hagerstown) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry A. Comerer

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Catherine E. Comerer

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feby. 7, 1852

8. AGE: Years: 87 | Months: 5 | Days: 1 | If less than one day: ____ hrs. ____ min.

9. Birthplace: McConnelsburg, Pa, Fulton County
(Town, county, or state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Harry Comerer
13. Birthplace: Fulton County, Pa.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Jacob H. Comerer (Son)
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10, 1939 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: McConnelsburg, Pa.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. 7-8-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8, 1939 - 11:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30, 1938, to July 8, 1939, and that I last saw him alive on July 7, 1939.

Immediate cause of death: Carcinoma left arm. — DURATION: About 1½ yrs.

Due to:

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: R. A. Bell M. D. or other

Address: Hagerstown Md. Date signed: 7/8/39

Authorization to change place of residence see form filed under Bell in permanent file. 9/5/39 B.

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

07297

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 32 Vista St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 32 Vista St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ernestina Corsi

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Frank Corsi
6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 19 - 1897

8. AGE:

Years	Months	Days	If less than one day
42	4	8	hrs. min.

9. Birthplace Martinsicuro, Italy
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Vincenzo Loccia
13. Birthplace Martinsicuro Italy

MOTHER
14. Maiden name Anna Toscana
15. Birthplace Martinsicuro Italy

16. Informant Frank Corsi
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown Md

19. 7/29/39 (Date rec'd by registrar) Chas. H. Rogers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to July 27 1939, and that I last saw her alive on July 27 1939.

	DURATION
Immediate cause of death Carcinoma of uterus	
Due to (Uterus - primary)	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. B. Campbell M. D. or other
Address Hagerstown Md Date signed 7/28/39

RECEIVED
AUG 7 1939
BUREAU V. S.

07298

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Washington Registration Dist. No. 316

Village or City Keedysville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Eugenia Lantz Dean U.S. Veteran specify WAR

(a) Residence: No. Keedysville Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. S. Dean.

6. DATE OF BIRTH (month, day, and year) July 26 1876

7. AGE Years 62 Months 11 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. " "

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Keedysville Md

FATHER

13. NAME William H. Lantz

14. BIRTHPLACE (city or town) (State or country) Wash Co. Md.

MOTHER

15. MAIDEN NAME Amanda C. Lambert

16. BIRTHPLACE (city or town) (State or country) Wash Co. Md.

17. INFORMANT William S. Dean (Address) Keedysville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Keedysville Md. Date July 18th, 1939

19. UNDERTAKER J. L. Eagles (Address) Bolivar, W. Va

20. FILED July 17, 1939 R. H. Geeting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to July 15, 1939

I last saw her alive on July 15, 1939; death is said to have occurred on the date stated above, at 2:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Aortic heart disease	Prior to 1933

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Elizabeth McFetridge M. D.

(Address) Shepherdstown W. Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07299

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18(a)

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 83 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Franklin Delauney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ada J. Delauney

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1856

8. AGE:

Years	Months	Days	If less than one day
83	6	14	hrs. min.

9. Birthplace Sharpsburg Md. (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER

12. Name John C Delauney

13. Birthplace Md

MOTHER

14. Maiden name Louisa E Hammond

15. Birthplace Md

16. Informant Mrs. George Mose (daughter

Address Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6 1939 (month) (day) (year)

Cemetery or crematory Mountain View Cem

Location Sharpsburg, Md.

18. Funeral director Edith V Leaf

Address #7 Church St. Wm.sport Md.

19. July 7 1939 (Date rec'd by registrar) Ed G Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to July 3 1939, and that I last saw him alive on July 3 1939.

Immediate cause of death — DURATION

Uremia — 2 weeks

Due to Chronic Parenchymatous Nephritis — 20 yrs.

Due to

Other conditions A fall out of porch about 5 weeks before death

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No but a fall at home 3 weeks before accelerated death. Date

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell on Concrete Injured at work? No.

23. SIGNATURE Walter H. Sheaby MD M. D. or other

Address Sharpsburg, Md Date signed July 5 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
AUG 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07380

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 327 Avon Road
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 327 Avon Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Job M. Detrich.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ruth Hickson
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 19 - 1870

8. AGE:

Years	Months	Days	If less than one day
68	11	15	hrs. min.

9. Birthplace Cashtown Pa.
(Town, county, and state)
10. Usual occupation Store Keeper
11. Industry or business Retired 10 yrs.

FATHER
12. Name Jacob L. Detrich
13. Birthplace Cashtown Pa.

MOTHER
14. Maiden name Rachael Fisher
15. Birthplace Cashtown Pa.

16. Informant Mrs Job. M. Detrich
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Maryland
18. Funeral director Andrew F. Coffman
Address Hagerstown, Md

19. 7-5-1939 (Date rec'd by registrar) Edward Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/3/39 19 to 7-3-39 19, and that I last saw him alive on 7/2/39 19

Immediate cause of death Coronary Thrombosis — DURATION 7/3/39

Due to

Due to

Other conditions Rheumatic Heart disease 1936

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the causa to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl Young M.D.
Address Hagerstown Md. M. D. or other
Date signed 7/5/39

Dr Early Young.

RECEIVED
AUG 7 1939
BUREAU V. S.

07301

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 122 East Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 122 East Washington Street 3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine Elliott

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 79 | Months | Days | If less than one day hrs. min.

9. Birthplace Near Welsh Run-Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name John Elliott
13. Birthplace Franklin Co. Pa.

MOTHER
14. Maiden name Elizabeth Pike
15. Birthplace Franklin County, Pa.

16. Informant Miss Lena Elliott (Sister)
Address Upton, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 7-8-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1939 at 3:15 P. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1939, to July 7 1939, and that I last saw her alive on July 7th 1939.

Immediate cause of death

	DURATION
Intestinal Hemorrhage	2 days
Due to Tuberculosis.	?
Pulmonary Hemorrhage	2 days.
Due to Tuberculosis.	?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest F. Poole M.D. M. D. or other

Address Hagerstown Md Date signed 7/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

07302

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 hrs.

Stay in this community (yrs., or mos., or days) 27 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown. Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 412 George (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Clara Virginia Eyler.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife Clarence.

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug 25 - 1883.

8. AGE:

Years	Months	Days	If less than one day
55	10	22.	hrs. min.

9. Birthplace Johnsville Fred. Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name William Mc Clelland.

13. Birthplace Johnsville Md.

MOTHER 14. Maiden name Gusta Skrine

15. Birthplace Johnsville Md.

16. Informant Clarence H. Eyler.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 18-1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew T. Coffman

Address Hagerstown, Md

19. 7-18- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 5.20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939 to July 17 1939 and that I last saw h- alive on July 17 1939

	DURATION
Immediate cause of death Cancer of uterus	2 Yrs
Due to Secondary uterine hemorrhage	3 days
Due to Acute dilatation of heart	1 day
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations 0

Of autopsy 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 0 Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment M D

M. D. or other

Address Hagerstown Md Date signed 7/17/39

Dr Normal

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(210-m)

07303

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Wash Co Hospital.
Stay in hospital or Insf. (yrs., or mos., or days) 4 hr.
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 549 Maryland Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Eyler.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 4 - 1933

8. AGE: Years	Months	Days	If less than one day
5	8	29.	hrs. min.

9. Birthplace Hagerstown. Md.
(Town, county, and state)

10. Usual occupation In School

11. Industry or business

FATHER
12. Name Robert Eyler.
13. Birthplace New Windsor Md.

MOTHER
14. Maiden name Catherine Jenkins.
15. Birthplace Hagerstown. Md.

16. Informant Robert Eyler
Address Hagerstown Md.

17. Bury (Burial, cremation, or removal. Which?) Date thereof July 4 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md

19. 7-3- 1939 (Date rec'd by registrar) Chas. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw him alive on July 2 1939.

Immediate cause of death	DURATION
Fractured skull & intra cranial tumor Haze	7-2-39
Due to Fractured left femur	7-2-39
Due to accident	
Other conditions struck by automobile	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7-2-39
Where did injury occur? Hagerstown (City or town) Md. (County) Washington (State) Co.
Injured at home, farm, industry, public place (where?) Virginia Ave.
Means of injury Struck by Auto. Injured at work?

23. SIGNATURE S. Robert Miller med. ex. M. D. or other
Address Hagerstown Md. Date signed 7/3/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07304

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 306 S. Mulberry Street

(If rural give location)

(Residence of Parents)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Child of Marion E. Fish

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Hagerstown, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Marion E. Fish

13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Martha Annabelle Deibert

15. Birthplace Hagerstown, Md.

16. Informant Marion E. Fish,

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 7/10/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

	DURATION
Immediate cause of death	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Campbell M. D. or other

Address Hagerstown Md Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(952)

073105

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 216 W. Franklin Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 71

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 216 W. Franklin St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna K. Freedell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: James Freedell

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): June 3, 1868

8. AGE:

Years	Months	Days	If less than one day
71	1	20	hrs. min.

9. Birthplace: Hagerstown, Md. R. F. D.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business:

FATHER
12. Name: Harry Pittinger
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Clarence H. Harsh

Address: 216 W. Franklin St.- Hagerstown, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 25, 1939 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 7-25-1939 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23, 1939. 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 4/1 1939, to 7/23 1939, and that I last saw her alive on 7/23 1939.

Immediate cause of death	DURATION
Arteria-sclerotic Cystic Vascular Disease with myocardial failure	uncertain
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. H. Lusby, M. D. or other

Address: 170 W. Main St. Date signed 7/24/39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07306

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co Home
Stay in hospital or inst. (yrs., or mos., or days): 10 mo
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 338 N. Potomac St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bertha L. Geaslen

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: William H. Geaslen
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct. 2 — 1864

8. AGE: Years	Months	Days	If less than one day
74	9	24	hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Howard Moyer
13. Birthplace: Va.

MOTHER
14. Maiden name: Not Known
15. Birthplace: " "

16. Informant: John H. Geaslen
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28-1939 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, md.
18. Funeral director: E. M. Suter & Son
Address: Hagerstown md.
19. 7-28-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1939, at 4.30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939 to July 26 1939
and that I last saw h[illegible] alive on July 26 1939

Immediate cause of death: Aortic Regurgitation — DURATION

Due to:

Due to:

Other conditions: Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. H. Beasley M. D. or other
Address: Hagerstown, Md Date signed July 26/39

RECEIVED
AUG 7 1939
BUREAU V. S.

07307

STATE OF MARYLAND—CERTIFICATE OF DEATH

(121)

1. PLACE OF DEATH

County Washington Registration Dist. No. 202

~~Village or~~ City Hagerstown Md. No. Washington Co. Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Goodell If U. S. Veteran, specify WAR None

(a) Residence: No. 1132 Oak Hill Ave St., 5 Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Goodell

6. DATE OF BIRTH (month, day, and year) Aug 30th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Physician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) North Brookfield (State or country) Mass

FATHER

13. NAME Hosea Goodell

14. BIRTHPLACE (city or town) Mass. (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Mrs. C. F. Goodell (Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Place Frederick Md. Date July 19th, 1939

19. UNDERTAKER C. E. Shinn & Son (Address) Frederick Md.

20. FILED 7-17-, 1939 Chas. H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July. 16, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 16, 1939

I last saw him alive on July 16, 1939; death is said to have occurred on the date stated above, at 9:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
" Nephritis.	?
Uraemia —	—
Arteriosclerosis	

Other Contributory Causes of Importance: Slight Bronchopneumonia July 8. ? ?

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Victor D. Miller DR. VICTOR D. MILLER.

(Address) 121 W. WASHINGTON ST. HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 9 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown -
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital, Hagerstown Md.

Stay in hospital or inst. (yrs., or mos., or days) 1 day -

Stay in this community (yrs., or mos., or days) None -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 111 King St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Lavely Gruber.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Infant

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 11 - 1939

8. AGE: Years — Months — Days — If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None -

FATHER
12. Name Rev. Lavely D. Gruber
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Cecelia E Eavey
15. Birthplace Sharpsbury Md.

16. Informant Rev Lavely D. Gruber

Address Hagerstown. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12-1939. (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Maryland

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. 7-11- 1939 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1939 to July 11 1939, and that I last saw him alive on July 11. 1939.

Immediate cause of death Fullbirth *

Due to Don't know

Due to

Other conditions * Pregnancy at term
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment M.D. M. D. or other

Address Hagerstown Md Date signed July 11 1939

D. Norment.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

07369

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
926 Salem Ave
Stay in hospital or inst. (yrs., or mos., or days) —.
Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown. Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 926 Salem Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mrs Mary Grumbine.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife William.
6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) July 25- 1864.

8. AGE: Years	Months	Days	If less than one day
74	11	29.	hrs. min.

9. Birthplace Welsh Run, Franklin Co Pa.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —.

FATHER
12. Name John Clopper.
13. Birthplace Upton Pa.

MOTHER
14. Maiden name Catherine Myers.
15. Birthplace Ringgold Md.

16. Informant Miss Ellen E. Clopper.
Address Hagerstown. Md.

17. Burial. Date thereof July 26-1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Maryland
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. 7-25- 1939 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24. 1939, at 12-10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23, 1939 to July 24 1939, and that I last saw h- alive on July 23, 1939.

Immediate cause of death Cerebral Hemorrhage
Hemiplegia Left Side.
DURATION 3 days

Due to —

Due to —

Other conditions Mitral Insufficiency
Chronic Int. Nephritis
(Include pregnancy within 3 months of death)
3-23-39

Major findings:
Of operations None

Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other
Address Hagerstown, Md Date signed 7-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W. Yeager.

RECEIVED
AUG 7 1939
BUREAU V. S.

07310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Died enroute to WashingtonCounty Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)

State Maryland County Washington

City or town Williamsport Md Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No. 53 Fenton Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjiman Franklin Guessford

3. (b) Social Security Number 218-01-6935

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1916

8. AGE: Years 22 Months 10 Days 21 If less than one day hrs. min.

9. Birthplace Williamsport, Md (Town, county, and state)

10. Usual occupation Tanner

11. Industry or business Byrons Tannery

FATHER

12. Name Jessie Guessford

13. Birthplace Pinesburg Md.

MOTHER

14. Maiden name Beesie Charlton

15. Birthplace Harrisinburg Va.

16. Informant Jessie Guessford

Address 53 Fenton Ave Williamsport Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug 2 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Meninite Cem Pinesburg

Location Pinesburg Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. 8-1-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939, 12 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1939, to 19

and that I last saw him alive on 19

Immediate cause of death: Fractured skull — DURATION 7-30-39

Due to accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-30-39

Where did injury occur? Williamsport (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Greencastle Rd.

Means of injury Auto overturned Injured at work? no

23. SIGNATURE S. Robert Mells Wash. Co. Med. Ex. M. D. or other

Address Hagerstown Md. Date signed 8-1-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07311

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Hagerstown, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 24 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Conococheague St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Howard Gutshall

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 7 1883

8. AGE: Years	Months	Days	If less than one day
56		19	hrs. min.

9. Birthplace: Harrisburg Pa (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER — 12. Name: William Alfred Gutshall

13. Birthplace: Perry Co. Pa.

MOTHER — 14. Maiden name: Elizabeth J Fitz

15. Birthplace: Franklin Co. Pa.

16. Informant: Mrs. Mary Quade(sister)

Address: 132 3rd. St. Wash. D. C

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 1939 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cem.

Location: Baltimore, Md.

18. Funeral director: Edith V Leaf

Address: Williamsport, Md.

19. 7-28- 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26, 1939, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1939, July 26 1939, and that I last saw him alive on July 26 1939.

Immediate cause of death	DURATION
Pernicious Anemia	1 week
Terminal Hypostatic	
Due to Arteriosclerosis	
Due to unknown	
Other conditions Pernicious Anemia	6 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pernicious Anemia

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ralph F. Young M. D. or other

Address: Williamsport, Md. Date signed 7/27/39

RECEIVED
AUG 7 1939
BUREAU V. S.

07312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washingtown

City or town Fiddlersburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, R#5 Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fiddlersburg

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Emma Gustie Hatfield

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Samuel E. Hatfield.

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): July 20-1890.

8. AGE: Years 48 | Months 11 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: Union Bridge Md (Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business: —

FATHER

12. Name: Edward Rodgers

13. Birthplace: Union Bridge Md

MOTHER

14. Maiden name: Mary Strine

15. Birthplace: Union Bridge Md.

16. Informant: Samuel E Hatfied

Address: Hagerstown. Md R#5

17. Bury (Burial, cremation, or removal. Which?) Date thereof July 16-1939 (month) (day) (year)

Cemetery or crematory: Rest Haven Cem.

Location: Hagerstown. Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown. Md.

19. 7/15/39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1939, at 12 noon M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1939, to July 14 1939, and that I last saw her alive on July 13 1939.

Immediate cause of death: Intestinal Hemorrhage — DURATION 7-13-39

Chr. myocarditis — 7-1938

Due to Acute glomerular nephritis — 7-1-39

Obesity — 1935

Due to Intestinal hemorrhage not due to cancer; due to general anasarca. Hemorrhage as a result of intra-abdominal pressure. C.W.G.R.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: S. Robert Mills, M.D. M. D. or other

Address: Hagerstown, Md. Date signed 7/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. Young.

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07313

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 110 E. Antietam
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or ~~town~~ Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 110 E. Antietam
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roger E. Hemphill
3. (b) Social Security Number 719-05-4354

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband~~ or wife Rose Hemphill
6(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) Sept 6 - 1874
8. AGE: Years 64 Months 10 Days 21 If less than one day ___ hrs. ___ min.
9. Birthplace Sharpsburg, Wash Co. Md.
(Town, county, and state)
10. Usual occupation R.R. Engineer
11. Industry or business N & W. R.R. Co.
FATHER 12. Name Daniel Hemphill
13. Birthplace Sharpsburg, Md
MOTHER 14. Maiden name Susan Hammond
15. Birthplace Sharpsburg, Md
16. Informant Mrs. R. E. Hemphill
Address Hagerstown, Md.
17. Burial Date thereof July 29-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.
19. 7-28-39 Chas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1939, at XA M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939 to July 21 1939
and that I last saw him alive on July 22 1939.
Immediate cause of death Coronary Occlusion — DURATION 5 minutes
Due to
Due to
Other conditions Arteriosclerosis —
(Include pregnancy within 8 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip J. Hinsleman
M. D. or other
Address Hagerstown Md Date signed 7/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (122-E)

Reg. Dist. No. 304

07314

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County WASHINGTON.

(b) City or town HANCOCK. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) M. L.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County WASHINGTON

(c) City or town HANCOCK. (If outside city or town limits, write RURAL and give town)

(d) Street No. E MAIN. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME MARY ELIZABETH HENRY.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex FEMALE

5. Color or race W.

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife CHARLES DAVID HENRY.

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) NOV 9 1850

8. AGE: Years 88 | Months 8 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace MORGAN CO. W. VA. (Town, county, and state)

10. Usual occupation RETIRED HOUSEWIFE.

11. Industry or business

FATHER

12. Name WILLIAM MICHAEL.

13. Birthplace MORGAN CO W VA.

MOTHER

14. Maiden Name RACHAEL R. GROVE.

15. Birthplace MORGAN CO. W VA. W VA.

16 (a) Informant CHARLES EDGAR HENRY.

(b) Address HANCOCK MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ ST THOMAS.

Location HANCOCK MD.

18 (a) Funeral director T. P. JENKINS

(b) Address HANCOCK MD.

19 (a) 7/19-1939 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death JULY 19 1939, at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1939, to July 19 1939, and that I last saw him alive on July 19 1939.

Immediate cause of death Intestinal Obstruction in Ileum: Not due to cancer. | Duration 3 days

Due to Intestinal adhesions. Patient had had an attack of so-called "gall-stone colic" six months previously. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H E Tabb MD M. D. or other

Address Hancock, MD Date signed 7/19.39.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1930
BUREAU U. S.

07315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(167)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Cor. Spruce St, & Garlinger Ave,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 258 S. Potomac Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Arnold Eugene Hockensmith

3. (b) Social Security Number
214-09-2797

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elta Moats Hockensmith

6(c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) September 24, 1914

8. AGE: Years	Months	Days	If less than one day
24	9	15	hrs. min.

9. Birthplace Chambersburg, Pa.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Preston R. Hockensmith
13. Birthplace Chambersburg, Pa.

MOTHER
14. Maiden name Ruth Garner
15. Birthplace Greencastle, Pa.

16. Informant Preston R. Hockensmith
Address Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 12 1939
(month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 7/11 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1939 - 11:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —,
and that I last saw him alive on July 9, 1939

Immediate cause of death
Gun shot wound skull —

Due to bullet entered

Due to through soft palate into cranium

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

DURATION
7-9-39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7-9-39

Where did injury occur? Hagerstown (City or town) Md. (County) Wash. Co. (State)

Injured at home, farm, industry, public place (where?) R.R. W. Md.

Means of injury Gun shot Injured at work? no

23. SIGNATURE S. Robert Wells Wash. Co. Med. Ex.
M. D. or other

Address Hagerstown, Md. Date signed 7-10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1959
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

07316

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 219 Suter avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 219 Suter ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert C Holmes

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 14 1911

8. AGE: Years 27 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Martinsburg W Va (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Pastry Cook
FATHER 12. Name Chas Holmes
13. Birthplace Sheppardstown W. Va
MOTHER 14. Maiden name Elizabeth Holmes
15. Birthplace W Va
16. Informant Bertha Pendleton
Address 15 Braxton ave
17. Brorsal (Burial, cremation, or removal. Which?) Date thereof July 7 1939 (month) (day) (year)
Cemetery or crematory Bellevue
Location Hagerstown Md
18. Funeral director J. M. Caldwell Hagerstown Md
Address 166 W. Jonathan St.
19. 7-7 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1939, at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1939, to July 6 1939, and that I last saw him alive on July 6 1939.
Immediate cause of death: Tuberculosis Pulmonary — DURATION 1 yr
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm Allan Brown M. D. or other
Address 164 W Wash Date signed July 6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07317

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 2 days.
Stay in this community (yrs., or mos., or days) 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County
City or town Rouzerville. Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rouzerville Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Herbert C. Hovis.

3. (b) Social Security Number 173-03-0805

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white.	Single.

6 (b) Name of husband or wife none
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1908

8. AGE: Years	Months	Days	If less than one day
30	9	2.	____ hrs. ____ min.

9. Birthplace Rouzerville Franklin Co. Pa. (Town, county, and state)
10. Usual occupation Machinist.
11. Industry or business Landis Tool Co Waynesboro Pa
FATHER 12. Name Clarence S. Hovis.
13. Birthplace Zullinger Pa.
MOTHER 14. Maiden name Mary Martin
15. Birthplace Rouzerville Pa.
16. Informant Mary Martin Hovis.
Address Rouzerville Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13 1939. (month) (day) (year)
Cemetery or crematory Harbaugh Cemetery
Location near Waynesboro Pa
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md
19. 7-11-1939 (Date rec'd by registrar) Chas. H. Graves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 6 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8, 1939 to July 10, 1939 and that I last saw h/m alive on July 10, 1939

Immediate cause of death	DURATION
Cerebro spinal meningitis	2 days
Due to Meningococcus.	
Due to	
Other conditions Suppurative pericarditis	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown, Md Date signed July 11, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Normant.

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92a)

CERTIFICATE OF DEATH

07318

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address (number), or Institution: Wash Co Hospital
Stay in hospital or inst. (yrs., or mos., or days): 15 da
Stay in this community (yrs., or mos., or days): 18 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wash.
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 25 Garbinger Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Virginia May Hurd.

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Aug 25 1920
8. AGE: Years: 18 Months: 11 Days: 4 If less than one day: hrs. min.
9. Birthplace: Hagerstown (Town, county, and state)
10. Usual occupation: Waitress
11. Industry or business:
FATHER 12. Name: Roy M Hurd
13. Birthplace: Wash. Co Md
MOTHER 14. Maiden name: Ada J Gordon
15. Birthplace: Franklin Co Pa
16. Informant: Roy M. Hurd.
Address: Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/1/39 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Funkstown
18. Funeral director: L F Rucker
Address: Funkstown Md.
19. 7/31/39 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1939, at 6 20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/17 1939, to 7/29 1939, and that I last saw h alive on 7/29 1939

Immediate cause of death: Congestive Heart failure — DURATION: 1 month

Due to: Rheumatic Heart Disease

Due to: (1) Cardiac enlargement

Due to: (2) Auricular fibrillation (3) Mitral insufficiency & stenosis (4) Aortic insufficiency & stenosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John N Homecaker M.D.
M. D. or other
Address: 158 W. Washington St. Hagerstown, Md. Date signed 7/30/39

RECEIVED
AUG 7 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07319

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 51 Broadway
Stay in hospital or inst. (yrs., or mos., or days) None.
Stay in this community (yrs., or mos., or days) 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town None Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 51 Broadway.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Calvin Hutzell

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Mary.
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Nov. 8 - 1853.
8. AGE: Years 85 Months 8 Days 8 If less than one day ___ hrs. ___ min.
9. Birthplace Keedysville, Wash Co. Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired. (25 yrs.)
FATHER 12. Name Adam Hutzell
13. Birthplace Keedysville Md.
MOTHER 14. Maiden name Marietta Line
15. Birthplace Boonsboro Md
16. Informant Mrs J. C. Hutzell
Address Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18-1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. 7-18- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20, 1936, to July 16, 1939, and that I last saw him alive on June 19, 1939.
Immediate cause of death: Chronic myocarditis — DURATION: About 3 years
Due to
Due to
Other conditions: Arteriosclerosis. — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE La Bell M. D. ~~or other~~
Address Hagerstown Md. Date signed 7/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Bell

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07320

Reg. Dist. No. 302

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 826 Potomac Ave.
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 826 Potomac Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs Emma V. Klinkhart.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife A. J.
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 8 - 1878

8. AGE:

Years	Months	Days	If less than one day
60	8	17.	hrs. min.

9. Birthplace Utica, Oneida New York
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Knott.
13. Birthplace Utica New York.

MOTHER
14. Maiden name Elizabeth Piper.
15. Birthplace Utica New York

16. Informant Mr Amos J. Klinkhart
Address Hagerstown. Md

17. Removal. Date thereof July 26-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Canajoharie NY.
Location Canajoharie New York
18. Funeral director Andrew K. Coffman
Address Hagerstown Maryland
19. 7/26 1939 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death Carcinoma of uterus — DURATION 1-19-39

Due to (Christian scientist - not attended by physician)

Due to

Other conditions Generalized metastasis — 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE D. Robert Wells med. Ex. M. D. or other
Address Hagerstown, Md. Date signed 7/26/39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-a)

CERTIFICATE OF DEATH

07321

Reg. Dist. No. 316

1. PLACE OF DEATH:
County Washington
City or town Keedysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 81-1-4

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob F. Knode

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of husband or wife Mollie A Knode
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June - 9 - 1858

8. AGE:

Years	Months	Days	If less than one day
81	1	4	____ hrs. ____ min.

9. Birthplace Keedysville Washington Md.
(Town, county, and state)
10. Usual occupation Stone Mason
11. Industry or business

FATHER
12. Name Daniel Knode
13. Birthplace Keedysville Md

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Travis Knode
Address Keedysville Md
17. Burial (Burial, ~~cremation~~, or ~~removal~~. ~~Which?~~) Date thereof July 16 1939 (month) (day) (year)
Cemetery or crematory Fair View
Location Keedysville Md
18. Funeral director Russell E Earnshaw
Address Keedysville Md
19. July 14 1939 (Date rec'd by registrar) D A Keeting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939, at 11 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1938, to July 22 1939, and that I last saw him alive on Jan 22 1939

Immediate cause of death	DURATION
Hypertension	Several years
Cerebral hemorrhage	July 13 1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. R. Staton M.D.
M. D. or other
Address Keedysville Md Date signed July 14, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1939
BUREAU V. S.

07322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Halfway (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2405 Virginia Ave.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 12 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Halfway Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No. 2405 Virginia Ave. (If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Rev. William Lewis Lowery

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah E. Lowery

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June - 15. 1867

8. AGE: Years 72 Months 0 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Near Downsville Wash. Co. Md. (Town, county, and state)

10. Usual occupation ~~[illegible]~~ Merchant

11. Industry or business Proprietor of Gen. Merchandise store

FATHER
12. Name William D. Lowery
13. Birthplace Near Downsville Md.

MOTHER
14. Maiden name Maria Gunder
15. Birthplace Near Downsville -

16. Informant Mrs. Sarah E. Lowery

Address 2405 Virginia Ave. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July. 11. 1939 (month) (day) (year)

Cemetery or crematory Manor Cemetary

Location Near Tilghmanton Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. 7 - 8 - 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1939, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 25, 1939 to July 8, 1939 and that I last saw him alive on July 8, 1939

Immediate cause of death	DURATION
Bronchopneumonia	48 hours
Carcinoma Rt. lung.	2 years
Due to Acute Myocarditis	1 week
Due to	
Other conditions Paralysis Agitans	7 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown Md. Date signed July 8, 1939

Dr. Yeager (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I) (T)

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07323

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Funkstown Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Minnie Martin

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: Albt C. Martin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 9 - 1863

8. AGE: Years 76 Months 3 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Leitersburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Home wife.

11. Industry or business: own Home

FATHER 12. Name: Oliver Poe

FATHER 13. Birthplace: Leitersburg Wash. Co. Md.

MOTHER 14. Maiden name: Susan McAfee

MOTHER 15. Birthplace: Sabillasville Frd. Co. Md.

16. Informant: Mrs. Charles R. Strouse

Address: Funkstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 24 39 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Leitersburg Md.

18. Funeral director: Wm. T. Best & Son

Address: Boonsboro Md.

19. 7-23 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/18 1939, to 7/21 1939, and that I last saw her alive on 7/21 1939.

	DURATION
Immediate cause of death: Coronary Occlusion	3 days
Due to: Hypertensive Cardio-Vascular Renal Disease	15 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE F. F. Lusby M. D.

Address 170 W Washington St. Date signed 7/22/39

RECEIVED
AUG 7 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07324

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hancock- Rural Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural-
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Female Child of Jacob Mitchell

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

8. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1939

8. AGE: Years Months Days If less than one day hrs. min.
Stillborn

9. Birthplace Hagerstown Washington Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Jacob Mitchell
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Esther Landers
15. Birthplace Washington County, Md.

16. Informant Jacob Mitchell
Address Hancock, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 27, 1939
(month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Hancock, Md. Rural

18. Funeral director Snyder-Rowland Funeral Home
Address Hancock, Md.

19. 7 - 27 1939
(Date rec'd by registrar)
Chas. H. Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1939. 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death

Due to Still Born

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. T. Campbell
M. D. or other
Address Hagerstown Date signed July 26

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07325

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rear 223 N. Jonathan St

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rear 223 N. Jonathan St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Catherine Moore

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: John W. Moore

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): August 4, 1893

8. AGE:

Years	Months	Days	If less than one day
45	11	2	hrs. min.

9. Birthplace: Hedgesville, W. Va. (Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business:

FATHER

12. Name: Henry Myers

13. Birthplace: Berkley County, W. Va.

MOTHER

14. Maiden name: Anna Bovie

15. Birthplace: Berkley County, W. Va.

16. Informant: John H. Moore,

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8, 1939 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss,

Address: Hagerstown, Md.

19. 7-8-1939 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6, 1939 12:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h ex alive on — 19—.

Immediate cause of death: Coronary occlusion — DURATION: 7-5-39

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? —

23. SIGNATURE: S. Robt. B. Wells med. Ex M. D. or other

Address: Hagerstown, Md Date signed 7/6/39

RECEIVED
AUG 7 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

07326

CERTIFICATE OF DEATH

Reg. Dist. No. 311

1. PLACE OF DEATH:

County Washington

City or town Lappans
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Stanley Mumma

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Florence Ensminger

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1878

8. AGE:

Years	Months	Days	If less than one day
61	6	23	hrs. min.

9. Birthplace Williamsport Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Freight Conductor R.R.

11. Industry or business Railroad

FATHER
12. Name Albert Stanley Mumma
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Francis Amelia Masters
15. Birthplace Williamsport, Md.

16. Informant Florence Mumma
Address Lappans

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 3, 1939
(month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Md.

18. Funeral director Edith V. Leaf

Address Williamsport, Md.

19. July 3. 1939
(Date rec'd by registrar)

J. B. Bloom
Registrar

MEDICAL CERTIFICATION

1.30

20. DATE OF DEATH July 1, 1939 19 39, at 1 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 37, to July 1 19 39, and that I last saw h alive on July 1 19 39.

Immediate cause of death Chr. Myocarditis — DURATION 1-1-36

Due to Cardio-Vascular Renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad, M.D.
M. D. or other

Address Hagerstown, Md. Date signed 7-2-39.

RECEIVED
JUL 7 1939
BUREAU V. S.

07327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 217 W. Washington St.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. X1
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 217 W. Washington St.
(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Margaret Nihiser

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife ~~Widow~~ John W. Nihiser

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 1 1854

8. AGE: Years 84 | Months 10 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Mt. Savage Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name John Cain
13. Birthplace Keyser W. Va.

MOTHER
14. Maiden name Mary Ellen Brandt.
15. Birthplace Keyser W. Va.

16. Informant Arlington R. Nihiser

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1939 (month) (day) (year)

Cemetery or crematory Fairview Cemetary

Location Keedysville Md.

18. Funeral director Wm F. Bast & Son

Address Boonsboro Md.

19. 7-18 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1939, at 12 N A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1- 1939, to 7-17 1939, and that I last saw her alive on 7-16- 1939.

Immediate cause of death: Chr. Myocarditis

Due to

Due to

Other conditions: Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. ~~or other~~

Address Hagerstown Md. Date signed 7/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
AUG 7 1939
BUREAU V. S.

07328

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-P)

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Near Smithsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) 15 —

Stay in this community (yrs., or mos., or days) 15 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Washington

City or town Near Smithsburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Smithsburg. R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Merle J Palmer

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

none 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-10-1923

8. AGE: Years 15 Months 9 Days 20 If less than one day — hrs. — min.

9. Birthplace Near Wolfsville Fred Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Sylvester J. Palmer

13. Birthplace Near Wolfsville Fred Co Md

MOTHER 14. Maiden name Ethel R. Rowe

15. Birthplace Near Myersville Fred Co Md

16. Informant Sylvester J. Palmer

Address Smithsburg Md R.F.D.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 7 4 1939 (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg Md

18. Funeral director Geo. B. Hoover

Address Smithsburg Md

19. July 2nd 1939 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1938, to July 1 1939, and that I last saw him alive on July 1 1939.

Immediate cause of death Hodgkins disease + Toxemia

Due to

Due to

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION 11 mos

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE G. A. Kohler M. D. or other

Address Smithsburg Date signed 7/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 7 1939
BUREAU V. S.

07329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 425 Suman's Alley

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 53 Charles Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edna M. Payne

3. (b) Social Security Number: 214-09-7621

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): September -- 1905

8. AGE: Years 33 | Months 9 | Days -- | If less than one day hrs. min.

9. Birthplace: Leetown, W. Va.
(Town, county, and state)

10. Usual occupation: Domestic Work

11. Industry or business

FATHER
12. Name: John Payne
13. Birthplace: Middleway, W. Va.

MOTHER
14. Maiden name: Lelia Thornton
15. Birthplace: Johnsontown, W. Va.

16. Informant: John Payne
Address: Duffield, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9, 1939 (month) (day) (year)

Cemetery or crematory: Johnsontown Cemetery

Location: Johnsontown, W. Va.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. 7-6- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1939, 3:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —

and that I last saw her alive on — 19 39

Immediate cause of death: acute alcoholism — DURATION 7-5-39

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: Yes - acute alcoholism

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 425 Suman's Alley

Means of Injury — Injured at work? no

23. SIGNATURE: S. Robert Wells med. ex M. D. or other

Address: Hagerstown Md Date signed 7/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07330

(121)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1010 Oak Hill Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME L Frank Roesaner

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Sinona Roesaner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1870

8. AGE: Years	Months	Days	If less than one day
69	5	9	____ hrs. ____ min.

9. Birthplace Hagerstown Washington Md
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Wholesale Confectionary

FATHER 12. Name Joseph. Roesaner

13. Birthplace Germany

MOTHER 14. Maiden name Catherine Cunningham

15. Birthplace Wash. Co. Md

16. Informant Dr. C. O. Diehl

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25-1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director Scott F. Minnich Son

Address Hagerstown Md.

19. 7/27/39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 3.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1939, to July 23, 1939, and that I last saw h alive on July 23, 1939

Immediate cause of death	DURATION
Lobar Pneumonia - Comp. Appendicitis - unable to administer Tyfoe	2 days.
Due to appendicitis - perforated with Gen. Peritonitis	4 days
Due to Operation July 19, 1939	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured appendix - Gen. peritonitis

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE W. Homer Dyeger M. D. or other

Address Hagerstown, Md Date signed 7-24-39

Yeager

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(211 m)

Reg. Dist. No. 07331

1. PLACE OF DEATH:
County Washington
City or town Wilsons Dist near Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cavetown Md.
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Cavetown Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James F. Schroyer

3. (b) Social Security Number 217-09-9615

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) December 2-1917

8. AGE: Years 21 Months 7 Days 2. If less than one day ___ hrs. ___ min.

9. Birthplace Waynesboro Pa. (Town, county, and state)
10. Usual occupation Clerk
11. Industry or business Grocery Store.

FATHER
12. Name Gordon O. Schroyer
13. Birthplace Wolfesville Md.

MOTHER
14. Maiden name Leanora Bell
15. Birthplace Leitersburg Md.

16. Informant Edwin C. Schroyer
Address Smithsburg Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof July 7-1939 (month) (day) (year)
Cemetery or crematory Luthern Cemetery
Location Wolfesville Md.

16. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. July 6th 1939 (Date rec'd by registrar) Leroy M. Foeller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw him alive on — 1939

Immediate cause of death: Open fracture skull occiput and left temporal region
Due to —
Due to —
Other conditions —
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy none

DURATION: 7-4-39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7-4-39
Where did injury occur? Hagerstown (City or town) Wash. (County) Md (State)
Injured at home, farm, industry, public place (where?) Conococheague Rd.
Means of injury motorcycle accident Injured at work? no med. Ex.

23. SIGNATURE J. Robert Mells M. D. or other
Address Hagerstown, Md. Date signed 7/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(50)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1007 Potomac ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or ~~town~~ Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1007 Potomac ave. 5
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie F. Schuster

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Frederick W. Schuster

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11 - 1866

8. AGE: Years 73 Months 2 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Lock Haven Pa.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own Home

FATHER
12. Name Joseph Meredith
13. Birthplace Petersburg, Pa

MOTHER
14. Maiden name Caroline D. Bower
15. Birthplace Petersburg, Pa

16. Informant James M. Schuster
Address Hagerstown Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 5 - 1939
(month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md.

16. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 7-5-1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1939, to July 3 1939, and that I last saw her alive on 7 / 3 1939.

Immediate cause of death Carcinoma left breast with metastasis to Heart & mesenteric glands — DURATION ?

Due to myocardial dilitation — 7/3/39

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other

Address 136 W. Washington St. Date signed 7/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
AUG 7 1939
BUREAU V. S.

07333

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-B

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Home

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 3 mo.

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington Co. Home.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Smith

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 5- 1870

8. AGE: Years 69 Months 4 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace West Chester, Pa.
(Town, county, and state)

10. Usual occupation Retired Clerk

11. Industry or business

FATHER
12. Name J. Rowland Smith
13. Birthplace West Chester, Pa.

MOTHER
14. Maiden name Elizabeth Brown.
15. Birthplace West Chester, Pa.

16. Informant Mrs. W. S. White
Address Hancock, md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 8-1939
(month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, md.

18. Funeral director C. M. Suter & Sons.
Address Hagerstown, md

19. 7-7- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1937, to July 1939, and that I last saw her alive on July 4 1939.

Immediate cause of death Uremia
Carcinoma Stomach

Due to

Due to

Other conditions marked Cachexia
(Include pregnancy within 8 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Leutler MD.
M. D. or other

Address 134 N. Potomac Hagerstown, md. Date signed 7-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Butler

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

07334

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 428 Summan ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 428 Summan Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Stanton

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife Ethel Johnson

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) November 2 - 1901

8. AGE:

Years	Months	Days	If less than one day
37	8	4	hrs. min.

9. Birthplace Emmettsburg md (Town, county, and state)

10. Usual occupation Labourer

11. Industry or business Fertilizer Mill

FATHER 12. Name Chas Stanton

13. Birthplace Tetts Burg Penn

MOTHER 14. Maiden name Gertrude Constantine

15. Birthplace Emmettsburg Md

16. Informant Emma Gertrude Butler

Address 342 Bloom Court

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8, 1939 (month) (day) (year)

Cemetery or crematory Burial Hagerstown Md

Location Rosehill Cemetery

18. Funeral director Johnson Caldwell

Address 160 N Jonathan Hagerstown Md

19. 7-7-1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 - 1939, at 1 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 6 1939, and that I last saw h- alive on July 3 1939

Immediate cause of death Chronic Endocarditis — DURATION 2

" Nephritis.

Due to ?

Due to ?

Other conditions -

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor D. Miller M. D. or other

Address DR. VICTOR D. MILLER, 131 W. WASHINGTON ST., HAGERSTOWN, MD. Date signed 7/6-1939

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07335

(48)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Home
Stay in hospital or inst. (yrs., or mos., or days) 2 months
Stay in this community (yrs., or mos., or days) 39 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Washington County Home
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Amy Stevens

3. (b) Social Security Number 214-09-2048 None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harold L. Stevens
6(c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) May 31 1901
8. AGE: Years 38 Months Days If less than one day hrs. min.
9. Birthplace Unknown (Town, county, and state)
10. Usual occupation Cook
11. Industry or business Rose Restaurant
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Harry Hutson
Address Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 1 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.
18. Funeral director Scott F Minnich & Son
Address Hagerstown Md.
19. 7-31- 1939 (Date rec'd by registrar) Chas. A. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4:30 A m
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to July 30 1939 and that I last saw her alive on July 30 1939.
Immediate cause of death Carcinoma of Uterus — DURATION 2 yrs.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M.D. M. D. or other
Address Hagerstown, Md. Date signed Jul 31/39

Beachley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural Near Leitersburg Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 77-4-19

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown RD 4 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Leitersburg Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry L. Strite

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife Emma S. Strite

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 19 - 1862

8. AGE: Years 77 | Months 4 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Leitersburg Md Washington Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Strite
13. Birthplace Near Leitersburg Md

MOTHER
14. Maiden name Catherine Lesher
15. Birthplace Unknown

16. Informant Chester A. Strite

Address Hagerstown Md RD 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10, 1939 (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro Pa

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. 7-10-1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1939, to July 8 1939, and that I last saw ~~him~~ alive on July 7 1939.

Immediate cause of death: Coronary Disease — DURATION: 1938

Due to

Due to

Other conditions: Asthma, sclerosis, Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE T W Ditto M. D. or ~~[illegible]~~

Address Hagerstown Md Date signed 7/8/39

Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

Dr. Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

07337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-a

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Mt. Lena - P.O. Boonsboro R.2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Mt. Lena Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. P.O. Boonsboro Md. R.2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Elnora Swope

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 3. 1936

8. AGE: Years 2 | Months 7 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Mt. Lena - Wash. Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business at Home

FATHER
12. Name Floyd Swope
13. Birthplace Chewsville - Wash. Co. Md.

MOTHER
14. Maiden name Pansy Arnold
15. Birthplace Mt. Lena - Wash. Co. Md.

18. Informant Floyd Swope

Address Boonsboro Md. R.2.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July. 5. 1939 (month) (day) (year)

Cemetery or crematory Mt. Lena U. B. Cemetary

Location Mt. Lena Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. July. 4. 1939 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-39 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1- 1939, to 7-2- 1939, and that I last saw him alive on 7-2-39 19____.

Immediate cause of death: Laryngeamus Stridulus & Bronchi Pneumonia

DURATION: 2 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md. Date signed 7/3/39

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07338

(157-C)

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Florida ave.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 9 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No.: 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Florida ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Shelby Louise Timmons

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (Single, married, widowed, or divorced)
Female	white	single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 14-1939.

8. AGE: Years: — Months: — Days: 9 If less than one day: ____ hrs. ____ min.

9. Birthplace: Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name: Walter Timmons

13. Birthplace: Cleaspring, Md

MOTHER

14. Maiden name: Daisy Spitler

15. Birthplace: Woodstock, Va.

16. Informant: Walter Timmons

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25-1939 (month) (day) (year)

Cemetery or crematory: Broadfording

Location: Broadfording, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 7-25-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1939 to July 23 1939

and that I last saw her alive on July 23 1939

	DURATION
Immediate cause of death: Shock	
Due to: Fracture of Femur	
Due to: Not a perfect closure at Orifice	
Due to:	
Other conditions: Had chloroform [illegible] left and injected	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: W. Allan Groh M. D. or other

Address: Hagerstown Md. Date signed: July 24

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07339

CERTIFICATE OF DEATH

(34)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 days.
Stay in this community (yrs., or mos., or days) 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 328 South St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lester K. Vos Burgh
3. (b) Social Security Number 214-09-1425

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Ruth Vos. Burgh
6(c) If alive, give age 24 years
7. Birth date of deceased (mo., day, yr.) Feb. 20. 1882

8. AGE: Years 57 Months 4 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Schnectady, N. Y (Town, county, and state)
10. Usual occupation Pipefitter
11. Industry or business Hagerstown Light & Heat Co
FATHER 12. Name George Vos Burgh
13. Birthplace Glenville, N. Y
MOTHER 14. Maiden name Charlotte Millham
15. Birthplace Charleston N. Y.
16. Informant Mrs Ruth Vos. Burgh
Address Hagerstown, Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof July 8 1939 (month) (day) (year)
Cemetery or crematory
Location Schnectady, N. Y.
18. Funeral director C. M. Sutter & Sons
Address Hagerstown, Md.
19. 7-7-1939 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/39 19___, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1-39 19___, to 7-7-39 19___, and that I last saw him alive on 7/7/39 19___.

Immediate cause of death Aortic Aneurysm — DURATION 1 yr
Due to Tuer
Due to
Other conditions Hypertensive Heart disease 10 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl Young M.D. M. D. or other
Address Hagerstown Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Earl Young

RECEIVED
AUG 7 1939
BUREAU V. S.

Dr. Earl Young

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-c)

CERTIFICATE OF DEATH

07340

Reg. Dist. No. 3 1 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town (Mt. Moriah) Fairplay

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.

City or town (Mt. Moriah) Fairplay Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Edwin Aquilla Ward

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mollie Ridenour Ward

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 1 1868

8. AGE:

Years	Months	Days	If less than one day
71	2	6	____ hrs. ____ min.

9. Birthplace Rural Berkley Co. W. Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER

12. Name Jacob Ward

13. Birthplace Berkley Co. W. Va

MOTHER

14. Maiden name Catherine Ward

15. Birthplace Berkley Co. W. Va.

16. Informant Mollie R. Ward

Address (Mt. Moriah) R. Fairplay Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 39 (month) (day) (year)

Cemetery or crematory Harmony

Location Near Marlow W. Va.

18. Funeral director Edith V. Leaf

Address 9 Church St. Williamsport Md

19. July 8 39 (Date rec'd by registrar) J. D. Leary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1939, to July 11 1939, and that I last saw him alive on June 14 1939

Immediate cause of death	Coronary Occlusion	48 hrs.
Due to	Myocarditis Chronic	1 year
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Ridenour M. D. or other

Address Williamsport Md. Date signed 7/10/39

RECEIVED
AUG 8 1939
BUREAU V. S.

07341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 212 North Jonathan St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 212 N Jonathan St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Albert Westly

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Susan Westly

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 16-1871.

8. AGE: Years 68 | Months 5 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington County Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Hard Carriers

FATHER
12. Name William Westly
13. Birthplace Va

MOTHER
14. Maiden name Fannie Coleman
15. Birthplace Md

16. Informant Susan Westly

Address 212 N. Jonathan St.

17. Burial Date thereof 7-12-39,
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown Md

18. Funeral director John M. Caldwell

Address 120 N Jonathan St.

19. 7-11- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939, to July 9 1939, and that I last saw him alive on July 7 1939.

Immediate cause of death: Organic heart disease mitral and aortic insuff.

Due to

Due to

Other conditions Nephritis, chronic

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Nathan Layman M.D.
M. D. or other

Address Hagerstown Md Date signed 7/10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
AUG 7 1939
BUREAU V. S.

07342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 125 King St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 King St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Emma Virginia White.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: John E

6(c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.): July 20 - 1857

8. AGE: Years 82 | Months — | Days 11. | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown, Wash. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Samuel Leonard

13. Birthplace: Hagerstown Md.

MOTHER

14. Maiden name: Harriett Watts.

15. Birthplace: Hagerstown. Md.

16. Informant: John E White

Address: Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Aug 2-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown. Md

18. Funeral director: Andrew K. Coffman

Address: Hagerstown. Md

19. 8-2-1939 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3, 1938, to July 31, 1939, and that I last saw her alive on July 31, 1939.

Immediate cause of death	DURATION
Uremic Coma	5 days
Chronic Myocarditis	Nov. 3, 1938
Due to Chronic Int. Nephritis	Nov. 3, 1938
Due to	
Other conditions Arteriosclerosis	2 yrs. +

(Include pregnancy within 3 months of death)

Major findings:

Of operations X X

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of X

Where did injury occur? (City or town) X (County) X (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown. Md. Date signed Aug 1, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

E. Yeager

RECEIVED
SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07343

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Washington — Registration Dist. No. 305

Village or City Boonsboro, Md. R.F.D. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Foetus Wilhide — If U. S. Veteran, specify WAR —

(a) Residence: No. Boonsboro, Md. R.F.D. St., Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
?	? W	Foetus

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, and year) July 5, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	Foetus			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date decreased last worked at this occupation (month and year) — — —

11. Total time (years) spent in this occupation — —

12. BIRTHPLACE (city or town) Boonsboro, Md. R.F.D. (State or country)

FATHER

13. NAME Harry Wilhide

14. BIRTHPLACE (city or town) Keedysville, Md. (State or country)

MOTHER

15. MAIDEN NAME Hazel Gordon

16. BIRTHPLACE (city or town) Gapland, Md. (State or country)

17. INFORMANT Harry Wilhide. (Address) Boonsboro, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place — Date — , 19

19. UNDERTAKER none (Address)

20. FILED July 6, 1939 William T. Bart. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 5, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 5, 1939; I last saw ~~X~~ it ~~XX~~ alive on Stillborn 7-5-39; death is said to have occurred on the date stated above, at 6 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn Foetus	

Other **Contributory Causes** of Importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify —

(Signed) H B Shuler M. D.

(Address) Boonsboro, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07344

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 83

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamine F. Young

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Wid

6 (b) Name ~~of husband or~~ wife Amand - Nagel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Smithsburg June 11 - 1856

8. AGE: Years 83 | Months 0 | Days 27 | If less than one day hrs. min.

9. Birthplace Smithsburg
(Town, county, and state)

10. Usual occupation Millright &

11. Industry or business Funeral Director

FATHER
12. Name John Young
13. Birthplace Germany

MOTHER
14. Maiden name Elizabeth Kimbler
15. Birthplace Germany

16. Informant Mrs Joseph Firey

Address Smithsburg

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7/10/39 (month) (day) (year)

Cemetery or crematory Smithsburg

Location

18. Funeral director William H Downey

Address Hagerstown Md

19. July 10 1939 (Date rec'd by registrar) Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1939, to July 8 1939, and that I last saw him alive on July 8 1939.

Immediate cause of death Central Hemorrhage — DURATION 2 hours

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work?

23. SIGNATURE G. G. Kohler M. D. or other

Address Smithsburg Date signed 7/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 19[illegible]
[illegible]EAU V. S.